

Initial Notification to Health Services of Inmate Death

Inmate Name:  
TDCJ Number:  
Place of Death:  
Date and Time of Death:

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| <p>ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH, DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.</p> |  | Approximate interval between onset and death |
| <p>IMMEDIATE CAUSE<br/> Or condition resulting in death)</p>   | <p>→ a. _____<br/> DUE TO (OR AS A LIKELY CONSEQUENCE OF):</p> | _____  |
| <p>Sequentially list conditions, if any, leading to</p>  | <p>b. _____<br/> DUE TO (OR AS A LIKELY CONSEQUENCE OF):</p>   | _____  |
| <p>Immediate cause. Enter UNDERLYING CAUSE<br/> (disease or injury that initiated events resulting in</p>  | <p>c. _____<br/> DUE TO (OR AS A LIKELY CONSEQUENCE OF):</p>   | _____  |
| <p>death) LAST</p>   | <p>d. _____<br/> DUE TO (OR AS A LIKELY CONSEQUENCE OF):</p>   | _____  |